

## Field Treatment

1. Basic airway/suction--mouth, then nostrils
2. Oxygen/assist respirations with BVM prn

**Note:** ① ② ③

### PULSE GREATER THAN 60

3. Reassess respirations and pulses frequently

### PULSE LESS THAN 60

3. Chest compressions at 120/minute  
④ ⑤
4. Continue ventilation
5. Reassess respirations and pulses frequently
6. Venous access
7. If pulse less than 60/minute,  
**epinephrine (1:10,000) 0.01mg/kg IVP**  
☞ May repeat  
(1:10,000) **0.02mg/kg IVP** every 3-5 minutes  
① ②

## Drug Considerations

Epinephrine:

- ① Pediatrics: see Color Code Drug Doses/L.A. County Kids
- ② When using 1:1,000 concentration, dilute to minimum volume of 2ml and maximum of 10ml.

## Special Considerations

- ① Keep infant as warm as possible throughout resuscitation.
- ② If amniotic sac intact, tear sac and remove fetus.
- ③ If BVM used “squeeze-release-release technique.”
- ④ Once pulse is greater than 60, chest compressions should be discontinued.
- ⑤ Maintain a 3:1 compression/ventilation ratio.